

Instructions for Completing the 3-Day Lifestyle Diary

It's important to keep an accurate record of your usual food and beverage intake. Please complete this 3 Day Lifestyle Diary for three consecutive days.

- Record information as soon as possible, after the food has been consumed is ideal.
- Do not change your eating behavior unless your doctor advises you to. The purpose of this lifestyle diary is to analyze your present eating habits.
- Be as descriptive as possible. For example: milk - what kind? (whole, 2%, or nonfat); sandwich - (whole wheat, white, whole grains); chicken - (fried, baked, grilled, breaded), etc.
- Record the amount of each food consumed using standard measurements as much as possible, in ounces, cup(s), tablespoon, etc.
- Include condiments. For example: tea/coffee with 1 teaspoon sugar, baked potato with 2 teaspoons butter, etc.
- Please record all beverages, including water. Also list the amount consumed in ounces.
- Please record all bowel movements and their consistency (regular, loose, firm, etc.).

Lifestyle Diary – Day 1

Name _____

Breakfast: _____ Date/Time: _____

Snack: _____ Time: _____

Lunch: _____ Time: _____

Snack: _____ Time: _____

Dinner: _____ Time: _____

Bowel Movements for the day:

Time

Consistency

Did you exercise today? If so, length of time and regimen _____

What was your overall mood today? _____

Did you notice a change in your mood after a meal or snack? _____

Did you crave any food today? _____

Lifestyle Diary - Day 2

Name _____

Breakfast:

Date/Time: _____

Snack:

Time: _____

Lunch:

Time: _____

Snack:

Time: _____

Dinner:

Time: _____

Bowel Movements for the day:

Time

Consistency

Did you exercise today? If so, length of time and regimen _____

What was your overall mood today? _____

Did you notice a change in your mood after a meal or snack? _____

Did you crave any food today? _____

Lifestyle Diary – Day 3

Name _____

Breakfast: _____ Date/Time: _____

Snack: _____ Time: _____

Lunch: _____ Time: _____

Snack: _____ Time: _____

Dinner: _____ Time: _____

Bowel Movements for the day:

Time

Consistency

Did you exercise today? If so, length of time and regimen _____

What was your overall mood today? _____

Did you notice a change in your mood after a meal or snack? _____

Did you crave any food today? _____